

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90015 035 ***150.00

DOCUMENT #

1. Entity Name P01000040830

A & D Properties of Bay County, Inc.

DO NOT WRITE IN THIS SPACE

425517

2. Principal Place of Business

PANAMA CITY FL

3. Mailing Address

LAGRANGE GA

Suite, Apt. #, etc.

8013 SURF DRIVE

Suite, Apt. #, etc.

1824 STORVAL RD

City & State

PANAMA CITY

City & State

LAGRANGE GA

Zip

Country

304

Zip

Country

TRUMP

4. FEI Number

59-3719979

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CHARLES ARRINGTON

Street Address (P.O. Box Number is Not Acceptable)

8013 SURF DRIVE

City

PANAMA CITY

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Charles Arrington Pres

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P
NAME	Charles Arrington
STREET ADDRESS	1824 STORVAL RD
CITY-ST-ZIP	LAGRANGE GA 30240
TITLE	S/T
NAME	Sharon Arrington
STREET ADDRESS	1824 STORVAL RD
CITY-ST-ZIP	LAGRANGE GA 30240
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles Arrington

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-2002

Date

Daytime Phone #

CR2E034B (12/01)